

PROJECT 10073 RECORD

1. DATE - TIME GROUP 9/24/68 0230Z	2. LOCATION BINGHAMTON, NEW YORK
3. SOURCE CIVILIAN	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS TWO	
5. LENGTH OF OBSERVATION THREE MINUTES	11. BRIEF SUMMARY AND ANALYSIS The observer sighted an "oblong object (?) that had a dropping tail and had flashing lights.
6. TYPE OF OBSERVATION GROUND-VISUAL	COMMENTS: The observer submitted his report on a AF Form 117. Since we did not send it to him and SAFOICC apparently did not send it to him, we have no idea how he got it. The report itself is somewhat confusing. A Form 117 was sent to the listed witnesses to the sighting but none have returned their forms as of 24 September 1968. Because the submitted report is confusing and no witness would confirm the sighting it is being carried as Insufficient Data.
7. COURSE NNW TO NE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I seen^{one or the} the 2 objects at first there I called
Mr & Mrs [REDACTED] and told them out & look
at them. one object looked oblong
at had a dropping tail and had flashing
lights. He reported to Police that I seen
them and told me that if any more people
call in they would check on it.

I give my permission to be used in connection
with any statements and conclusions

30 Jul 68



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433

REPLY TO:
ATTN OF:
TDPT (UFO)

22 AUG 1968

SUBJECT: UFO Observation,
, 30 July 1968

TO:

Mr and Mrs [REDACTED]
[REDACTED] Binghamton, New York 13903

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on ^{30 July 1968} would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

H
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

2 cys

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Hector Quintanilla, Jr., Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY Tuesday MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 30 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

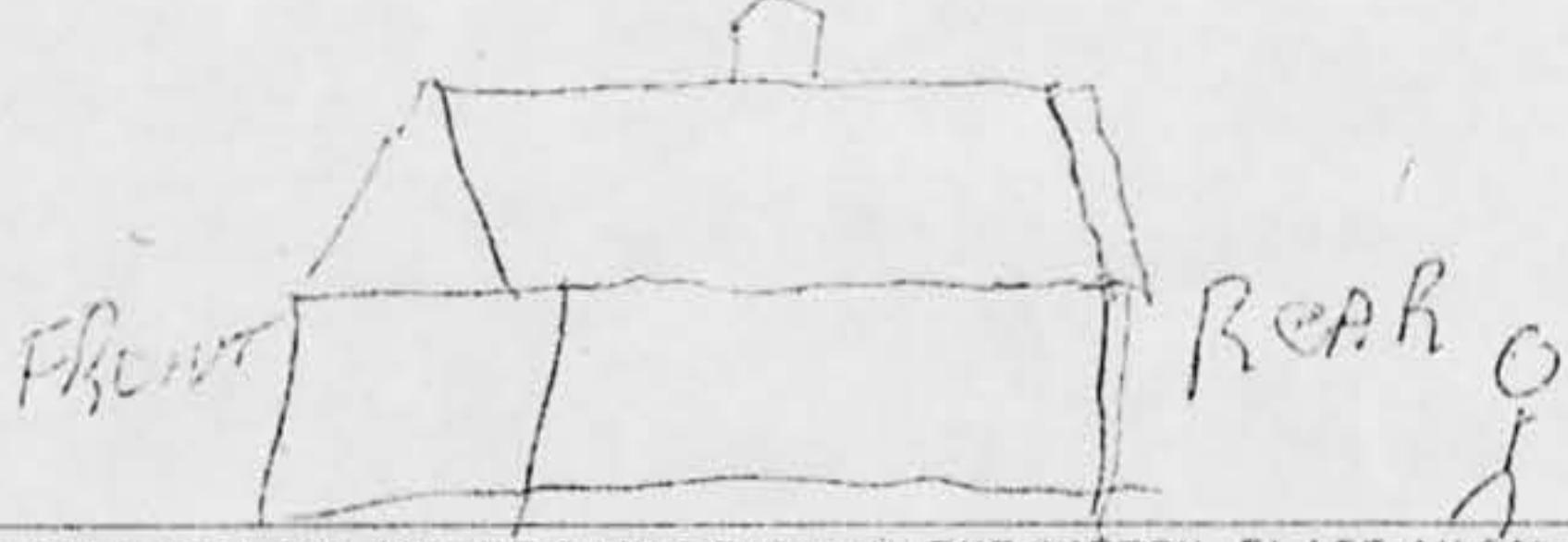
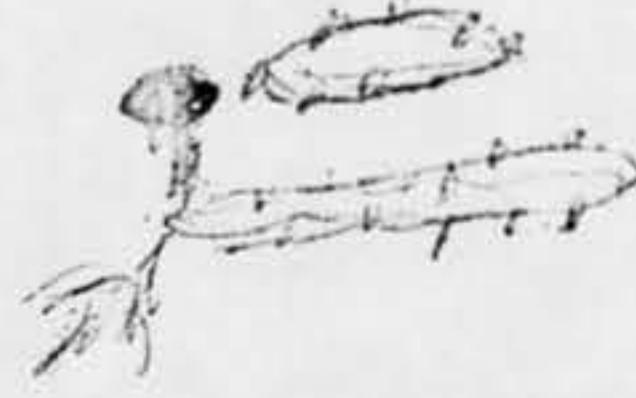
HOUR 10 MINUTES 33 A.M. P.M.

4. TIME ZONE

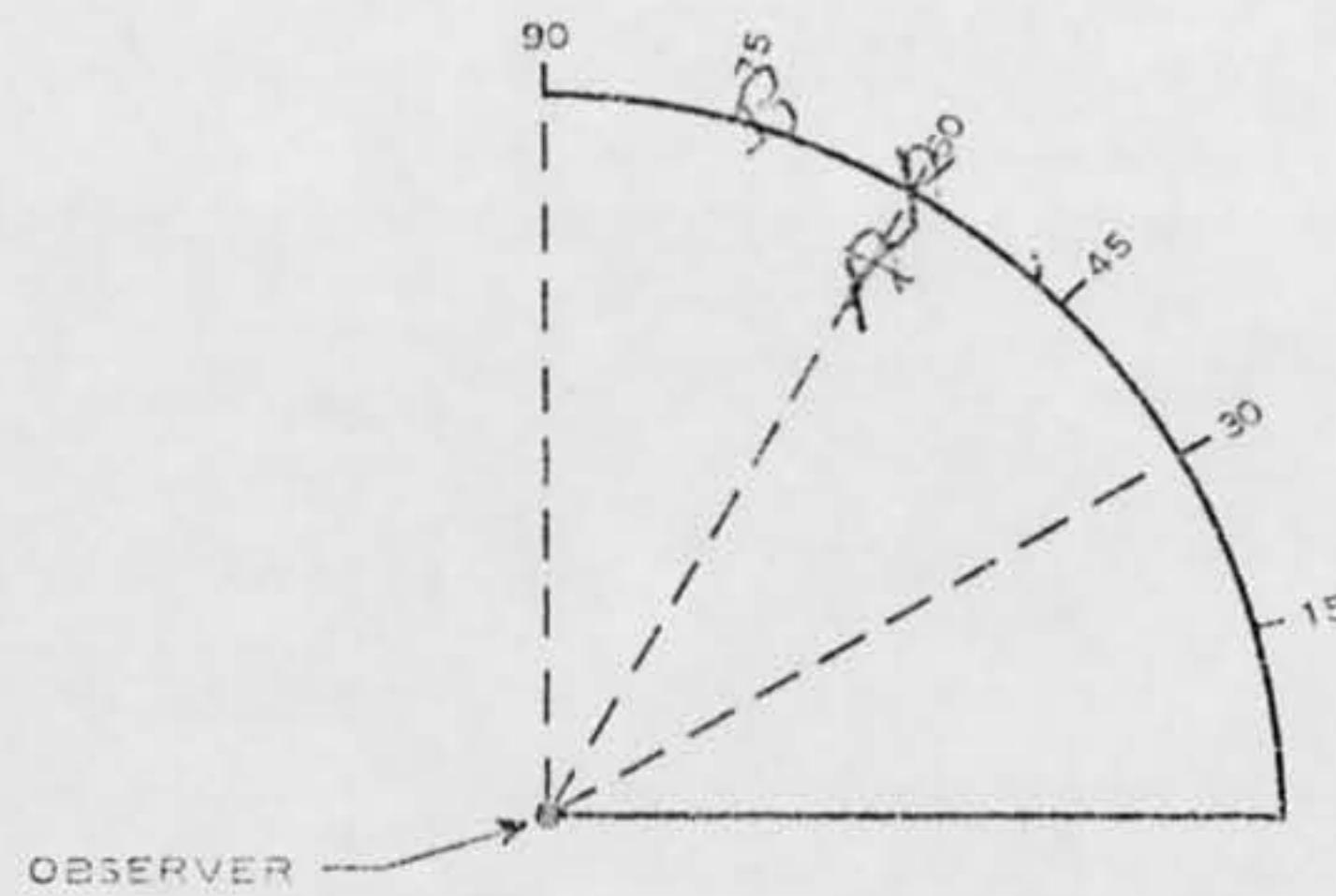
 EASTERN CENTRAL MOUNTAIN STANDARD PACIFIC OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

[REDACTED]

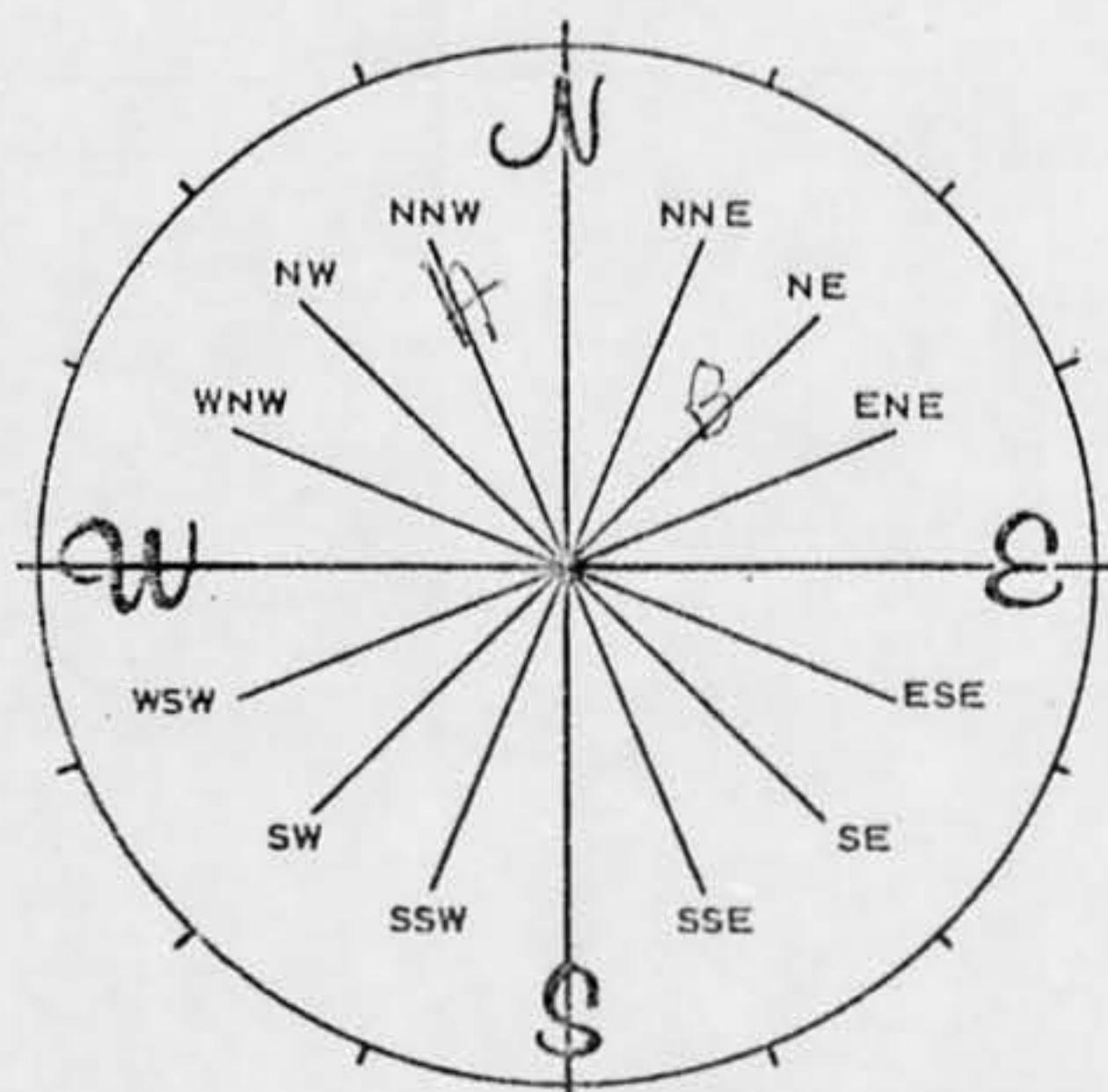



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

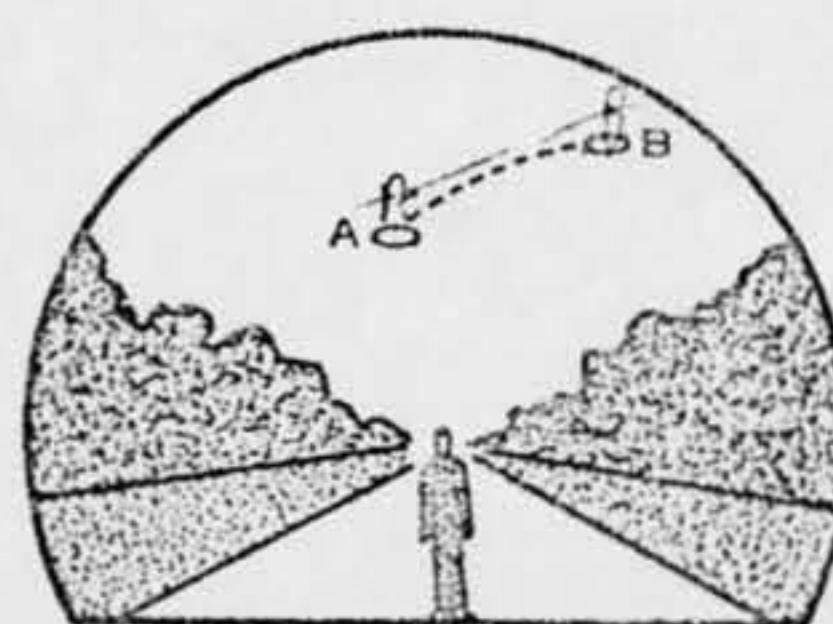
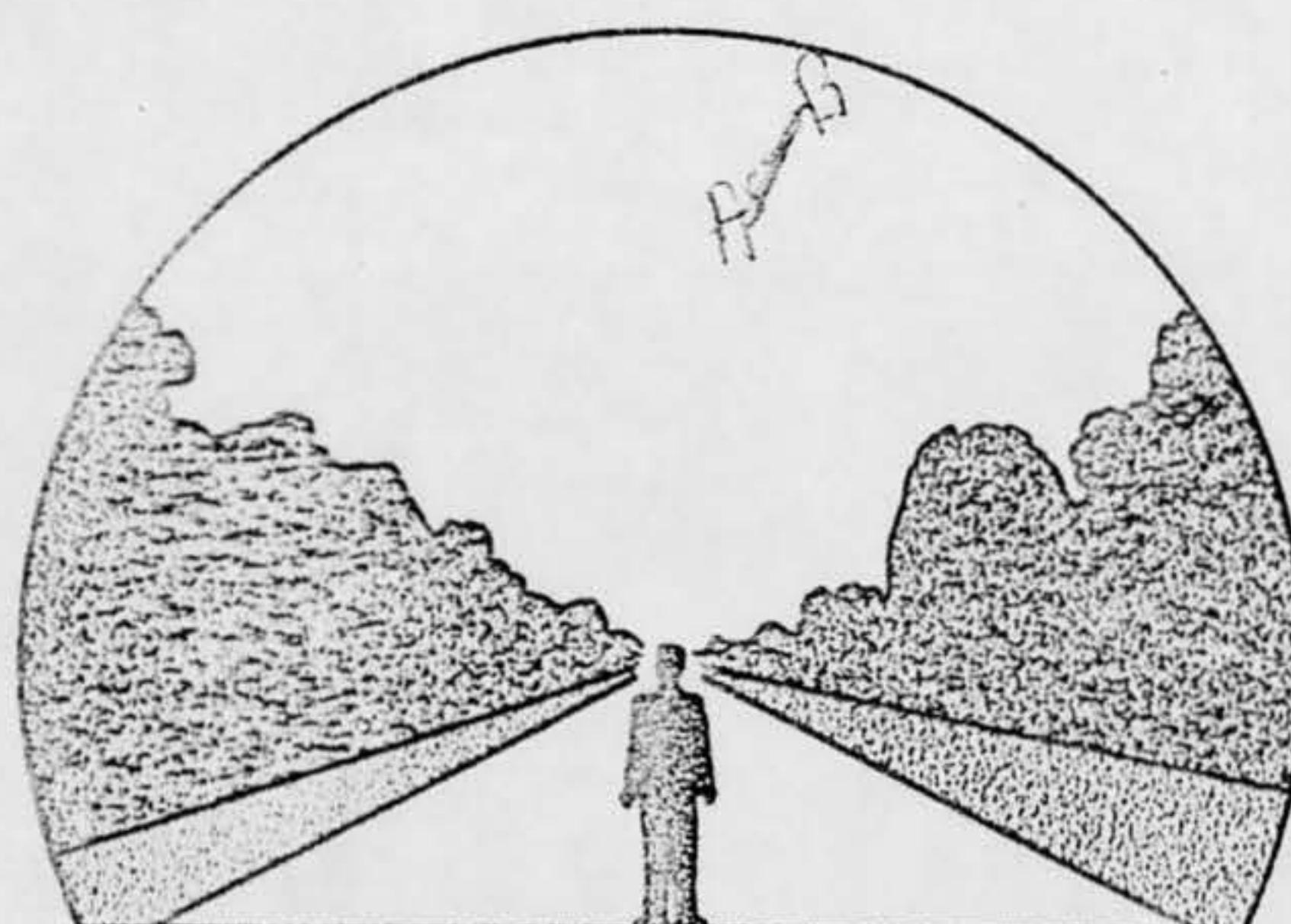
AF FORM 117
AUG 67

No comments on this sighting

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)		
<input checked="" type="checkbox"/> OUTDOORS <input type="checkbox"/> IN BUILDING <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:		
WHAT DIRECTION WERE YOU MOVING? NORTH EAST SOUTH WEST NORTHEAST SOUTHEAST NORTHWEST SOUTHWEST		HOW FAST WERE YOU MOVING? DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.		
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.		
HOW MUCH OTHER TRAFFIC WAS THERE?		
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.		
9. HOW LONG WAS THE PHENOMENON IN SIGHT?		
LENGTH OF TIME <i>3 Minutes</i>	CERTAIN OF TIME <input checked="" type="checkbox"/>	NOT VERY SURE <input type="checkbox"/> FAIRLY CERTAIN <input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>When I seen it I asked my friends until I said 3 minutes</i>		
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.		

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

2 Phenomenons



~~they changed~~

~~they changed~~
Yet they changed

Legend
*** = LIGHTS

11.

CONDITIONS (Check appropriate blocks.)

A.	SKY	B.	WEATHER
	DAY	CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
	TWILIGHT	CIRRUS CLOUDS (High fleecy or Herringbone)	HEAVY RAIN
✓	NIGHT	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
✓	CLEAR	CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
✓	PARTLY CLOUDY		SNOW OR SLEET
	COMPLETELY OVERCAST	HAZE OR SMOG	UNKNOWN
			✓ NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON? nothing

(1)	STARS	(2)	MOON
	NONE	BRIGHT MOONLIGHT	NO MOONLIGHT
	A FEW	MOON WITH HALO	✓ UNKNOWN
✓	MANY	MOON HIDDEN BY CLOUDS	
✓	UNKNOWN	PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMP, House LIGHTS - DISTANCE 150 feet

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

DARK SELF-LUMINOUS - silver with reddish hue
Solid, sharp - Saucer shaped slight oval
Compared to other objects in view.
~~was unknown~~ ~~was unknown~~

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?		✓	✓	
STAND STILL AT ANY TIME?		✓		
SUDDENLY SPEED UP AND RUN AWAY?		✓		
BREAK UP IN PARTS AND EXPLODE?			✓	
CHANGE COLOR?		OR	✓	
GIVE OFF SMOKE?			✓	
CHANGE BRIGHTNESS?		✓		
CHANGE SHAPE?			✓	
FLASH OR FLICKER?		✓		
DISAPPEAR AND REAPPEAR?			✓	
SPIN LIKE A TOP?			✓	
MAKE A NOISE?			✓	
FLUTTER OR HOBBLE?		✓		

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

star gazing with telescope

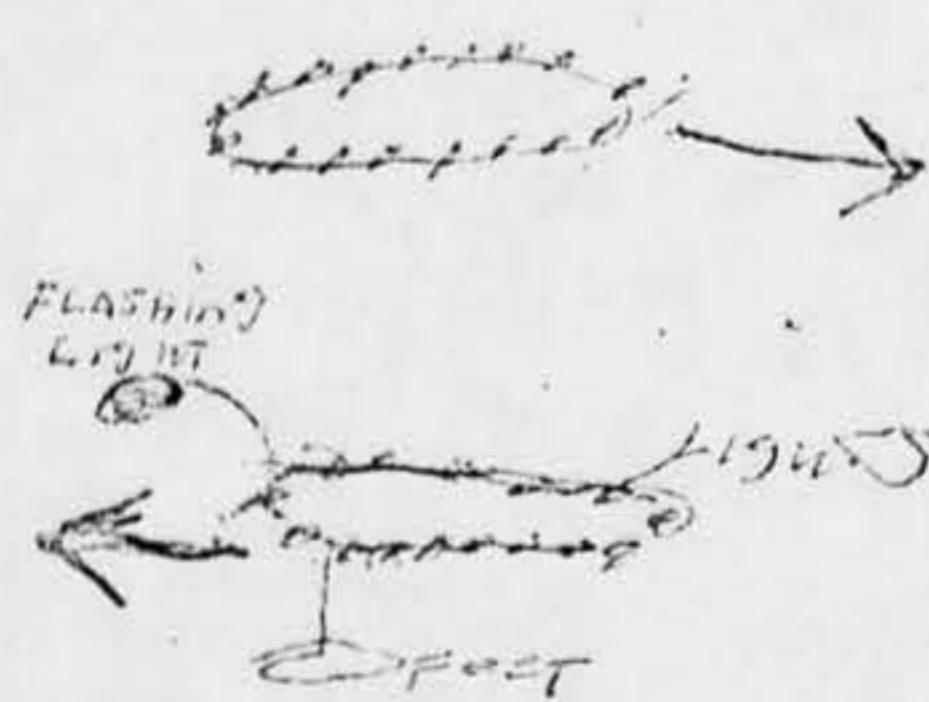
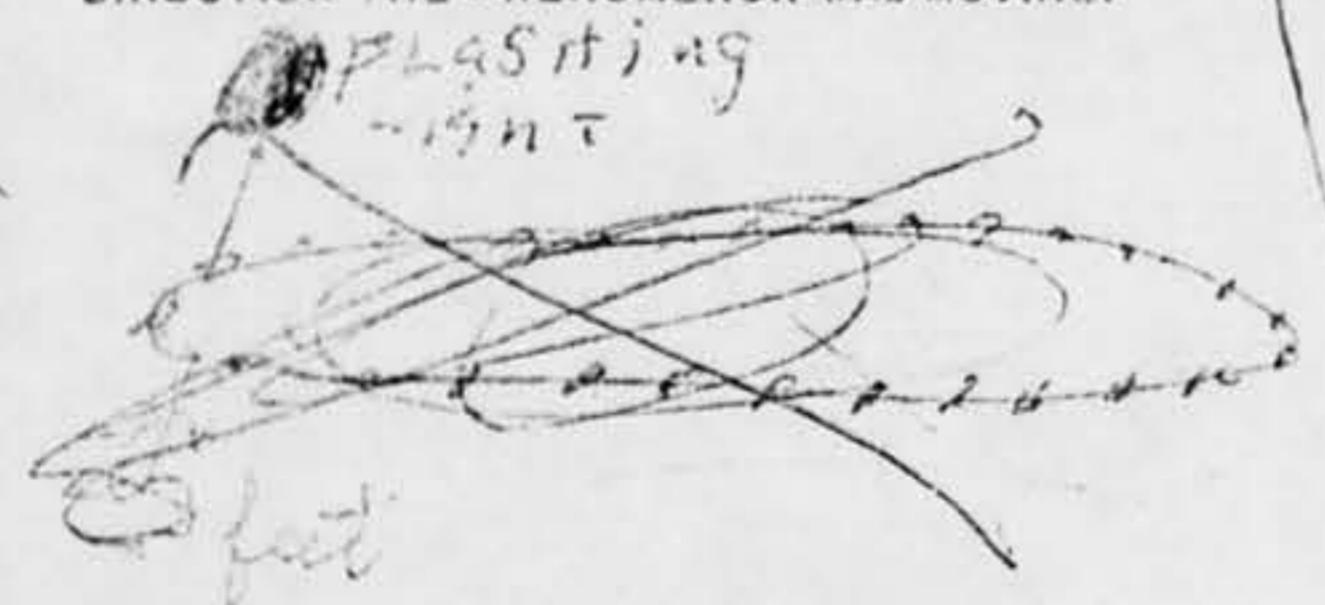
A. HOW DID IT FINALLY DISAPPEAR?

sped up and moved out of sight

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
 YES NO. IF "YES," DESCRIBE.

It went behind a cloud then it reappeared
 and went behind a tree and reappeared
 again and finally disappears

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



No exhaust or wings seen

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

Estimate fraction covered by match head

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGASSES	BINOCULARS
WINDSHIELD	✓ TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPLATE	OTHER <i>YES</i>
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1500

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE DO IT KNOW

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

A Dinner Plate or a saucer or a Hot Dog
with a ~~drooping tail~~ tail with a
flashing light at the end of it

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO.
IF "YES," DESCRIBE.

30 July 68

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]
[REDACTED] 13903
[REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME [REDACTED]

ADDRESS (City, State and Zip Code) [REDACTED] New York 13903

TELEPHONE (Area code and number) [REDACTED]

AGE

16

X

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 30 MONTH July YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 5 MONTH August YEAR 1968